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FIT Clinical Decision Making

DYSPNEA IN PREGNANCY DUE TO SECUNDUM ATRIAL SEPTAL DEFECT

Poster Contributions
Poster Hall B1
Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: FIT Clinical Decision Making: Structural Heart Disease and Pulmonary Hypertension
Abstract Category: Congenital Heart Disease
Presentation Number: 1142-162

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Background: Atrial septal defect (ASD) has several morphologic origins and varying degrees of shunt and systemic symptoms.

Case: A 22-year-old woman at 31 weeks pregnancy presented with progressive dyspnea. She had an uncomplicated pregnancy to date. Prior to becoming pregnant she had dyspnea walking 4 blocks which had now worsened to 1 block. Physical exam showed hyperdynamic right ventricular impulse and a widely split second heart sound without respiratory variation. A systolic murmur was heard over the pulmonic area. She had a gravid abdomen and no signs of cyanosis or edema.

Decision Making: Electrocardiogram showed incomplete right bundle branch block. Echocardiography showed normal left ventricular size and systolic function, and moderately enlarged right sided chambers. The tricuspid valve was displaced basally. No interatrial communication was seen on bubble study or color doppler. Given the widely split second heart sound, right sided chamber enlargement, and basal displacement of the tricuspid annulus, our suspicion was for an ostium primum ASD. We proceeded to cardiac MRI. This confirmed ASD, but the morphology revealed ostium secundum. Pulmonary-to-systemic flow ratio was 2.4. After a vaginal delivery at term, the patient was referred for surgical correction.

Conclusion: This case demonstrates the importance of physical examination in the evaluation of dyspnea, the displacement of the tricuspid valve as a sign of ASD, and the utility of cardiac MRI in confirming ASD morphology.